

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER  COVENTRY MEADOWS ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 7833 W JEFFERSON BLVD FORT WAYNE, IN46804			
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R0000	<p>This visit was for the Investigation of Complaint IN00086771.</p> <p>Complaint IN00086771 - Substantiated. State residential deficiencies related to the allegations are cited at R035, R241 and R243.</p> <p>Survey dates: March 16, 17, 2011</p> <p>Facility number: 005846 Provider number: 005846 AIM number: N/A</p> <p>Survey team: Sheryl Roth RN, TC Christine Fodrea RN</p> <p>Census bed type : Residential: 73 Total: 73</p> <p>Census payor type: Other: 73 Total: 73</p> <p>Sample: 9</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review 3/18/11, by Suzanne Williams, RN</p>			R0000	<p>March 30, 2011 Ms. Kim RhoadesIndiana State Department of Health2 North Meridian St.Indianapolis, IN 46204 Dear Ms. Rhoades, Please accept this Plan of Correction for Complaint Survey (IN00086771) as our letter of Credible Allegation. The provider respectfully requests a desk review in lieu of a post survey revisit on or after April 2, 2011. Please feel free to call me with any questions. Sincerely, Nathan A. Jackson, HFAGeneral ManagerCoventry Meadows Assisted Living</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0035	<p>Based on record review and interview, the facility failed to ensure 2 of 9 residents reviewed for immunization administration (pneumococcal/flu) did not receive the immunization after the resident had declined it (Resident #C, Resident #J). The facility further failed to ensure consent forms were signed and in the chart before administering the immunizations for 2 of 9 residents reviewed (Resident #E and Resident #G) in a total sample of 9 residents.</p> <p>Findings include:</p> <p>1. Resident #C's record was reviewed on 3/16/11 at 12:30 p.m. The record indicated Resident #C's diagnoses included, but were not limited to, diabetes mellitus, high blood pressure and hypothyroidism.</p> <p>An undated "Pneumococcal Vaccine Consent" form indicated Resident #C had declined the immunization since she had already received the vaccine after age 65.</p> <p>A "pneumococcal immunization" consent form, dated 11/17/08, indicated the resident's power of attorney had granted permission at that time for the administration of the pneumococcal immunization. There was not</p>			R0035	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a desk review in lieu of a post survey revisit on or after 4/2/11. <b>R 035 Resident's Rights</b> It is the practice of this provider to comply with all Resident's Rights for Residential Care. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> · The facility will ensure that only residents that consent to the immunization will receive it and the consent forms are signed and in the resident clinical record before administering immunizations. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> · Any resident who resides at Coventry Meadows Assisted Living has the potential to be affected by the alleged practice. · The Clinical Director will in-service all licensed nursing staff on or before 4/2/11 on the new immunization policy. <b>What</b></p>		04/02/2011

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	<p>documentation in the clinical record to indicate the immunization was administered at that time.</p> <p>The "Mantoux Documentation Form" indicated the pneumonia vaccine was given on 2/9/11 by LPN #1. No consent form was noted in the clinical record for the administration of the immunization on 2/9/11.</p> <p>The "Nurses Notes," dated 2/9/11 at 1:00 p.m., indicated Resident #C was given the pneumonia shot in her left arm.</p> <p>The medication administration record for "Routine Medications," dated 2/1/2011 through 2/28/2011 for Resident #C, indicated the resident's temperature was to be taken for three days on second shift due to the resident receiving a pneumonia shot. There was no documentation on the "Routine Medications" form to indicate when the medication was administered, where the shot was given, nor was there initials from the nurse administering the immunization.</p> <p>On 3/16/11 at 2:00 p.m., the Director of Nursing Services indicated she was unable to find a consent or physician order in the clinical record for the pneumococcal immunization for Resident</p>			<p><b>measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b> · A new immunization policy will be followed that includes the following steps: Licensed nursing staff will obtain a consent or declination for the pneumococcal/flu vaccination. Clinical Director or designee will review all consents or declinations. If consent has been signed to receive an immunization, licensed nursing staff will contact the physician for an order. Once the consent and physician order have been obtained, documentation of the administration of the vaccine will be documented on the MAR. 72-hour follow-up will be done and documentation of any symptoms or side effects will be noted in the resident nurse care section of the clinical record. If a resident refused vaccine, indicate the reason for refusal on the immunization record.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</b> · The Clinical Director or designee will complete an Immunization CQI tool weekly x4, monthly x3, then annually as needed. · A copy of all completed consent forms will be kept in the</p>			

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	<p>#C.</p> <p>2. Resident #J's record was reviewed 3/16/11 at 12:45 p.m. Resident #J's diagnoses included, but were not limited to, dementia and high blood pressure.</p> <p>The "History and Physical/Physician Statement Form" dated 11/30/09, indicated Resident #J had declined an annual flu shot.</p> <p>The "Resident Immunization and Health History Form" indicated Resident #J had received the flu immunization on 10/15/2010 by a local home health agency.</p> <p>No consent form was located in the clinical record for Resident #J for the administration of the flu vaccine on 10/15/2010, nor was there a physician's order.</p> <p>3. Resident #E's record was reviewed 3/16/11 at 1:15 p.m. Resident #E's diagnoses included, but were not limited to, diabetes and dementia.</p> <p>A telephone order, dated 9/3/10, indicated Resident #E was okay to receive the seasonal flu shot.</p>				<p>Clinical Directors office with the original kept in the resident clinical record · Data will be submitted to the General Manager. · The Clinical Director is responsible for the program compliance. · Noncompliance with facility policy may result in disciplinary action up to and including termination.</p> <p><b>Compliance date: 4/2/11</b></p>		

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	<p>The "Resident Immunization and Health History Form" indicated Resident #E had received the flu immunization on 10/15/2010 by a local home health agency.</p> <p>No consent form was located in the clinical record for Resident #E for the administration of the flu vaccine on 10/15/2010.</p> <p>4. Resident #G's record was reviewed 3/16/2011 at 1:20 p.m. Resident #G's diagnoses included, but were not limited to, dementia and anxiety.</p> <p>The "Influenza Vaccine Consent," dated 4/17/2010, indicated Resident #G had declined the annual flu shot.</p> <p>The "Resident Immunization and Health History Form" indicated Resident #G had received a flu immunization injection on 10/15/2010 by a local home health agency.</p> <p>No consent form was located in the clinical record for Resident #G for the administration of the flu vaccine on 10/15/2010 nor was a physician's order located.</p> <p>On 3/17/2011 at 9:00 a.m., the Director</p>				

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	<p>of Nursing Services indicated the home health agency usually obtains their own consents but she was unable to get a copy from their office or locate one in the resident's charts. She further indicated, if the facility administers the immunizations, the facility would then obtain the consent before administering any vaccine.</p> <p>This state residential finding relates to complaint IN00086771.</p>				

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R0241	<p>Based on record review and interview, the facility failed to ensure pneumococcal immunizations/flu vaccines were not administered without a physician order for 6 of 9 residents reviewed for medication administration in a total sample of 9. (Resident #C, #F, #G, #H, #I, and #J)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Resident #C's record was reviewed on 3/16/11 at 12:30 p.m. The record indicated Resident #C's diagnoses included, but were not limited to, diabetes mellitus, high blood pressure and hypothyroidism.</li> </ol> <p>An undated "Pneumococcal Vaccine Consent" form indicated Resident #C had declined the immunization since she had already received the vaccine after age 65. A consent form, dated 11/17/08, indicated the resident's power of attorney had granted permission at that time for the administration of the pneumococcal immunization. No consent was noted in the clinical record for the administration of the immunization on 2/9/11.</p> <p>The "Mantoux Documentation Form" indicated the pneumonia vaccine was given on 2/9/11 by LPN #1.</p>	R0241	<p><b>R 241 Health Services</b> It is the practice of this provider to ensure the administration of medications and the provision of residential nursing care shall be as ordered by the resident's physician.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</b></p> <ul style="list-style-type: none"> <li>· Licensed nursing staff will obtain physicians orders for all residents with a signed consent for all immunizations.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</b></p> <ul style="list-style-type: none"> <li>· Any resident who resides at Coventry Meadows Assisted Living has the potential to be affected by the alleged practice.</li> </ul> <p>The Clinical Director will in-service all licensed nursing staff before 4/2/11 on the new immunization policy. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</b></p> <ul style="list-style-type: none"> <li>· A new Immunization policy will be followed that includes the following steps: Licensed nursing staff will obtain a consent or declination for the pneumococcal/flu vaccination. Clinical Director or designee will review all consents or declinations.</li> </ul> <p>If consent has been signed to</p>	04/02/2011	

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	<p>The "Nurses Notes," dated 2/9/11 at 1:00 p.m., indicated Resident #C was given the pneumonia shot in her left arm.</p> <p>On 3/16/11 at 2:00 p.m., the Director of Nursing Services indicated she was unable to find a consent or physician order in the clinical record for the pneumococcal immunization for Resident #C.</p> <p>2. Resident #J's record was reviewed 3/16/11 at 12:45 p.m. Resident #J's diagnoses included but were not limited to dementia and high blood pressure.</p> <p>The "History and Physical/Physician Statement Form" dated 11/30/09, indicated Resident #J had declined an annual flu shot.</p> <p>The "Resident Immunization and Health History Form" indicated Resident #J had received the flu immunization on 10/15/2010 by a local home health agency.</p> <p>No consent form was located in the clinical record for Resident #J for the administration of the flu vaccine on 10/15/2010, nor was there a physician's</p>				<p>receive an immunization, licensed nursing staff will contact the physician for an order. Once the consent and physician order have been obtained, documentation of the administration of the vaccine will be documented on the MAR. 72-hour follow-up will be done and documentation of any symptoms or side effects should be noted in the resident nurse care section of the clinical record. If a resident refused vaccine, indicate the reason for refusal on the immunization record.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</b></p> <ul style="list-style-type: none"> <li>· The Clinical Director or designee will complete an Immunization CQI tool weekly x4, monthly x3, then annually as needed.</li> <li>· A copy of all completed consent forms will be kept in the Clinical Directors office with the original kept in the resident clinical record</li> <li>· Data will be submitted to the General Manager.</li> <li>· The Clinical Director is responsible for the program compliance.</li> <li>· Noncompliance with facility policy may result in disciplinary action up to and including termination</li> </ul> <p><b>Compliance date 4/2/11</b></p>		



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	<p>order.</p> <p>3. Resident #I's record was reviewed 3/16/11 at 12:55 p.m. Resident #I's diagnoses included, but were not limited to, dementia, depression, and high blood pressure.</p> <p>The "Pneumococcal Vaccine Consent" form, dated 9/3/09, indicated Resident #I wished to receive the pneumococcal vaccine according to the recommended schedule.</p> <p>The medication record for February 2011, indicated Resident #I had received a pneumococcal immunization on 2/14/2011, five months past the date of the consent form.</p> <p>No physician order was located in the clinical record for the administration of the pneumococcal immunization for Resident #I.</p> <p>4. Resident #H's record was reviewed 3/16/11 at 1:10 p.m. Resident #H's diagnoses included, but were not limited to, dementia, depression, and anemia.</p>				

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	<p>The "Pneumococcal Vaccine Consent" form, dated 10/5/09, indicated Resident #H wished to receive a pneumococcal vaccine.</p> <p>The medication record, dated February 2011, indicated Resident #H had received a pneumococcal immunization on 2/14/2011.</p> <p>No physician's order for the administration of the pneumococcal vaccine was located in the clinical record for Resident #H.</p> <p>5. Resident #G's record was reviewed on 3/16/11 at 1:20 p.m. Resident #G's diagnoses included, but were not limited to, dementia and anxiety.</p> <p>An "Influenza Vaccine Consent" form, dated 4/17/10, indicated Resident #G had declined the flu vaccine.</p> <p>The "Resident Immunization and Health History Form" indicated Resident #G received a flu immunization on 10/15/2010 per a local home health agency.</p> <p>No physician's order for the administration of the flu vaccine was</p>				

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	<p>located in the clinical record for Resident #G.</p> <p>6. Resident #F's record was reviewed 3/16/11 at 1:25 p.m. Resident #F's diagnoses included, but were not limited to, dementia and high blood pressure.</p> <p>The "Resident Immunization and Health History Form," dated 10/5/09, indicated Resident #F received the pneumococcal vaccine by a local home health agency.</p> <p>The medication record for February 2011, indicated Resident # F had received a pneumococcal immunization on 2/14/2011 by LPN #1.</p> <p>No physician's order for the administration of the flu vaccine was located in the clinical record for Resident #F.</p> <p>This state residential finding relates to complaint IN00086771.</p>				

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R0243	<p>Based on record review and interview, the facility failed to ensure the medication record contained all of the details of a pneumococcal injection such as the time, name of medication, dosage, and the initials of the person administering the drug for 1 of 9 residents reviewed for medication administration in a total sample of 9. (Resident #C)</p> <p>Findings include:</p> <p>1. Resident #C's record was reviewed on 3/16/11 at 12:30 p.m. The record indicated Resident #C's diagnoses included, but were not limited to, diabetes mellitus, high blood pressure and hypothyroidism.</p> <p>The "Mantoux Documentation Form" indicated the pneumonia vaccine was given on 2/9/11 by LPN #1.</p> <p>The "Nurses Notes," dated 2/9/11 at 1:00 p.m., indicated Resident #C was given the pneumonia shot in her left arm.</p> <p>The medication administration record for "Routine Medication," dated 2/1/2011 through 2/28/2011 for Resident #C, indicated the resident's temperature was to be taken for three days on second shift</p>			R0243	<p><b>R 243 Health Services</b></p> <p>It is the practice of this provider to ensure clinical records are complete, including documentation of administration of medication and treatment records.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>All physician's order for pneumococcal/flu vaccine will be transcribed correctly on the Medication Administration Record and in the clinical record by licensed nursing staff.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <ul style="list-style-type: none"> <li>Any resident who resides at Coventry Meadows Assisted Living has the potential to be affected by the alleged practice.</li> <li>The Clinical Director will in-service all licensed nursing staff before 4/2/11 on the new immunization policy.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>A new Immunization policy will be followed that includes the following steps:</li> </ul>		04/02/2011

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	<p>due to the resident receiving a pneumonia shot. There was no documentation on the medication record to indicate the vaccine was administered, when, where, dose, or initials of nurse administering it.</p> <p>On 3/16/11 at 2:00 p.m., the Director of Nursing Services indicated she was unable to find administration details in the clinical record for the pneumococcal immunization for Resident #C.</p> <p>On 3/17/11 at 11:00 a.m., LPN #2 indicated all medications and injections a resident is to receive should be listed on the medication record. She further indicated when a medication is given or an injection administered, the details should be documented on the medication record.</p> <p>This state residential finding relates to complaint IN00086771.</p>				<p>Licensed nursing staff will obtain a consent or declination for the pneumococcal/flu vaccination. Clinical Director or designee will review all consents or declinations. If consent has been signed to receive an immunization, licensed nursing staff will contact the physician for an order.</p> <p>Once the consent and physician order have been obtained, documentation of the administration of the vaccine will be documented on the MAR. 72-hour follow-up will be done and documentation of any symptoms or side effects should be noted in the resident nurse care section of the clinical record.</p> <p>If a resident refused vaccine, indicate the reason for refusal on the immunization record.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</b></p> <ul style="list-style-type: none"> <li>· The Clinical Director or designee will complete an Immunization CQI tool weekly x4, monthly x3, then annually as needed.</li> <li>· A copy of all completed consent forms will be kept in the Clinical Directors office with the original kept in the resident clinical record</li> <li>· Data will be submitted to the General Manager.</li> <li>· The Clinical Director is responsible for the program compliance.</li> </ul>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER  COVENTRY MEADOWS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 7833 W JEFFERSON BLVD FORT WAYNE, IN46804		
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			Noncompliance with facility policy may result in disciplinary action up to and including termination  <b>Compliance date: 4/2/11</b>		